LASATA CARE CENTER W76 N677 WAUWATOSA ROAD

CEDARBURG	53012	Phone: (262) 377-5060	1	Ownership:	County
Operated from	1/1 To 12/33	Days of Operation:	365	Highest Level License:	Skilled
Operate in Con	junction with	Hospital?	No	Operate in Conjunction with CBRF?	No

Number of Beds Set Up and Staffed (12/31/02): 204 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/02): 204 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/02: 196 Average Daily Census: 196

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/02) %						
Home Health Care Supp. Home Care-Personal Care	No No	 Primary Diagnosis	ે	Age Groups	90		21.9 43.4	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	6.1	More Than 4 Years	34.7	
Day Services	No	Mental Illness (Org./Psy)	32.7	65 - 74	4.6	1		
Respite Care	No	Mental Illness (Other)	8.7	75 - 84	26.0		100.0	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	54.6	* * * * * * * * * * * * * * * * * * *	******	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.0	95 & Over	8.7	Full-Time Equivalent		
Congregate Meals	No	Cancer	2.6			Nursing Staff per 100 F	Residents	
Home Delivered Meals	No	Fractures	1.0			(12/31/02)		
Other Meals	No	Cardiovascular	13.3	65 & Over	93.9			
Transportation	No	Cerebrovascular	8.2			RNs	12.3	
Referral Service	No	Diabetes	3.6	Sex	ଚ	LPNs	4.9	
Other Services	No	Respiratory	2.6			Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	26.5	Male	20.9	Aides, & Orderlies	41.9	
Mentally Ill	No			Female	79.1			
Provide Day Programming for			100.0			I		
Developmentally Disabled	No				100.0			

Method of Reimbursement

		Medicare			edicaid itle 19			Other			Private Pay	<u> </u>		amily Care			Managed Care	l 		
Level of Care	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	ofo	Per Diem (\$)	Total Resi- dents	of
Int. Skilled Care	7	100.0	309	1	0.7	135	0	0.0	0	0	0.0	0	0	0.0	0	1	100.0	415	9	4.6
Skilled Care	0	0.0	0	130	90.9	114	0	0.0	0	39	86.7	177	0	0.0	0	0	0.0	0	169	86.2
Intermediate				12	8.4	93	0	0.0	0	6	13.3	162	0	0.0	0	0	0.0	0	18	9.2
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	7	100.0		143	100.0		0	0.0		45	100.0		0	0.0		1	100.0		196	100.0

LASATA CARE CENTER

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Admissions, Discharges, and		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02										
Deaths During Reporting Period												
		1			% Needing		Total					
Percent Admissions from:		Activities of	90	As	sistance of	% Totally	Number of					
Private Home/No Home Health	14.8	Daily Living (ADL)	Independent	One	e Or Two Staff	Dependent	Residents					
Private Home/With Home Health	1.1	Bathing	0.0		48.5	51.5	196					
Other Nursing Homes	14.8	Dressing	14.3		66.3	19.4	196					
Acute Care Hospitals	65.9	Transferring	34.7		50.0	15.3	196					
Psych. HospMR/DD Facilities	0.0	Toilet Use	28.1		53.1	18.9	196					
Rehabilitation Hospitals	1.1	Eating	52.6		36.7	10.7	196					
Other Locations	2.3	******	*****	*****	*****	* * * * * * * * * * * * * * * * * * * *	*****					
Total Number of Admissions	88	Continence		%	Special Treat	ments	8					
Percent Discharges To:		Indwelling Or Extern	al Catheter	7.1	Receiving Re	espiratory Care	4.6					
Private Home/No Home Health	11.0	Occ/Freq. Incontinen	t of Bladder	49.0	Receiving T	racheostomy Care	0.5					
Private Home/With Home Health	12.1	Occ/Freq. Incontinen	t of Bowel	33.7	Receiving S	uctioning	0.0					
Other Nursing Homes	1.1				Receiving O	stomy Care	4.1					
Acute Care Hospitals	9.9	Mobility			Receiving T	ube Feeding	1.0					
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	0.5	Receiving Me	echanically Altered Diet:	34.7					
Rehabilitation Hospitals	0.0											
Other Locations	4.4	Skin Care			Other Residen	t Characteristics						
Deaths	61.5	With Pressure Sores		8.2	Have Advance	e Directives	92.9					
Total Number of Discharges		With Rashes		8.2	Medications							
(Including Deaths)	91				Receiving Page 1	sychoactive Drugs	60.7					

		Owne	ership:	Bed	Size:	Lic	ensure:			
	This	This Gover		2	00+	Ski	lled	Al	1	
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	96.1	96.8	0.99	80.4	1.20	84.2	1.14	85.1	1.13	
Current Residents from In-County	85.7	84.4	1.01	83.5	1.03	85.3	1.00	76.6	1.12	
Admissions from In-County, Still Residing	46.6	46.5	1.00	25.1	1.85	21.0	2.22	20.3	2.29	
Admissions/Average Daily Census	44.9	40.7	1.10	101.8	0.44	153.9	0.29	133.4	0.34	
Discharges/Average Daily Census	46.4	41.4	1.12	107.7	0.43	156.0	0.30	135.3	0.34	
Discharges To Private Residence/Average Daily Census	10.7	8.1	1.32	34.2	0.31	56.3	0.19	56.6	0.19	
Residents Receiving Skilled Care	90.8	90.9	1.00	89.6	1.01	91.6	0.99	86.3	1.05	
Residents Aged 65 and Older	93.9	95.0	0.99	90.9	1.03	91.5	1.03	87.7	1.07	
Title 19 (Medicaid) Funded Residents	73.0	72.7	1.00	68.5	1.07	60.8	1.20	67.5	1.08	
Private Pay Funded Residents	23.0	23.9	0.96	18.7	1.23	23.4	0.98	21.0	1.09	
Developmentally Disabled Residents	0.0	0.7	0.00	0.7	0.00	0.8	0.00	7.1	0.00	
Mentally Ill Residents	41.3	38.8	1.07	38.5	1.07	32.8	1.26	33.3	1.24	
General Medical Service Residents	26.5	17.9	1.48	16.9	1.57	23.3	1.14	20.5	1.29	
Impaired ADL (Mean)	48.7	48.2	1.01	52.1	0.93	51.0	0.95	49.3	0.99	
Psychological Problems	60.7	57.7	1.05	54.1	1.12	53.9	1.13	54.0	1.12	
Nursing Care Required (Mean)	7.7	7.1	1.08	7.7	0.99	7.2	1.06	7.2	1.06	